



09-12-02

1646

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**TRANSMITTAL  
FORM**

Application Number	09/942,435
Filing Date	August 29, 2001
First Named Inventor	John R. SCHWIER
Group Art Unit	1646
Examiner Name	To Be Assigned
Attorney Docket No.	342312003401

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(to be used for all correspondence after initial filing)

Total Number Of Pages In This Submission

8 + 40  
REFERENCES**ENCLOSURES (check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form                                     | <input type="checkbox"/> Assignment Papers<br>(for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group   |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences   |
| <input type="checkbox"/> Amendment / Reply  | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)   |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declarations                                  | <input type="checkbox"/> Petition to Convert to a Provisional Application                  | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                                | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Form PTO-1449 + copy (4 Pages)<br>40 References<br>Return receipt postcard |
| <input type="checkbox"/> Express Abandonment Request                              | <input type="checkbox"/> Terminal Disclaimer   |   |
| <input checked="" type="checkbox"/> Information Disclosure Statement<br>(3 Pages) | <input type="checkbox"/> Request for Refund  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                   | <input type="checkbox"/> CD, Number of CD(s) _____   |   |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application     | Remarks  |   |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53   |  |   |

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm or Individual Name	Morrison & Foerster LLP, 755 Page Mill Road, Palo Alto, California 94304-1018
Signature	Madeline I. Johnston
Date	September 10, 2002

**CERTIFICATE OF MAILING BY "EXPRESS MAIL"**

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Tamara Alcaraz

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



PATENT  
Docket No. 342312003401

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*Tamara Alcaraz*  
Tamara Alcaraz

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In the application of:

John R. SCHWIER and Jerry TAYLOR

Serial No.: 09/942,435

Filing Date: August 29, 2001

For: PROCESSES FOR MAKING  
PHARMACEUTICAL ORAL ECB  
FORMULATIONS AND  
COMPOSITIONS

Examiner: To Be Assigned

Group Art Unit: 1646

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**INFORMATION DISCLOSURE  
STATEMENT UNDER 37 C.F.R. § 1.97**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO-1449. Copies of the documents are also submitted herewith. The Examiner is requested to make these documents of record.

This Information Disclosure Statement is submitted:

- ☐ With the application; accordingly, no fee or separate requirements are required.
- ☒ Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required.
- ☐ After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.
  - ☐ A fee is required. A check in the amount of is enclosed.
  - ☐ A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
  - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided below; accordingly, no fee is believed to be due.
- ☐ After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
  - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided below and a check in the amount of is enclosed.
  - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided below and a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.


Applicants would appreciate the Examiner initialing and returning the Form PTO-1449, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal letter is separated from this document and the Patent Office determines that an extension and/or other relief is required, applicant petitions for any required relief including extensions of time and authorizes the Assistant Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing 342312003401. However, the Assistant Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Dated: September 10, 2002

Respectfully submitted,

By:   
\_\_\_\_\_  
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